



CUSTOM PAYMENT PLAN FORM

STUDENT'S LAST NAME _____ STUDENT'S FIRST NAME _____

GUARDIAN(S) LAST NAME _____ GUARDIAN(S) FIRST NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PREFERRED PHONE NUMBER (PLEASE INDICATE CELL, HOME, OR WORK) _____

PREFERRED E-MAIL ADDRESS _____

TITLE OF RELATED CLASS/WORKSHOP/LESSON _____

THE TOTAL TUITION OWED FOR THE STUDENT'S CLASS/WORKSHOP/LESSON IS: \$ _____

PAYMENT #	Planned Date of Payment	Planned Amount of Payment
1		
2		
3		
4		
5		
6		
TOTAL AMOUNT:		

TO REQUEST A PAYMENT PLAN:

A Registration Form with a deposit of \$100 is required in addition to this Custom Payment Plan Form.

Please submit both this form and your Registration Form to financialaid@greaterbostonstage.org OR by mail to 395 Main Street, Stoneham MA, 02180 OR in person at the Box Office. Guardians will be notified when a Payment Plan has been accepted.